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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

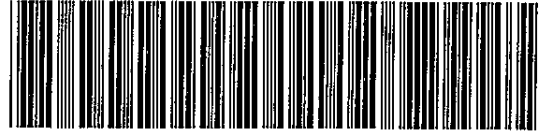
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

OK 12/8



November 26, 2003

Division of Corporations
P.O Box 6327
Tallahassee, Florida 32314

Dear Division of Corporations:

Healthcare Facilitators has been asked to forward the attached executed Articles of Incorporation and payment for Maria I Vargas MD P.A.

If you have any questions or require additional information, please contact my office.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Fran LaVallette". The signature is fluid and cursive, with a long horizontal stroke at the end.

Fran LaVallette
Facilitator

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Maria T. Vargas MD P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

848 1st Avenue North Suite 310
Naples, Florida 34102

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Practice

ARTICLE IV SHARES

The number of shares of stock is:

100,000 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Maria T Vargas
848 1st Avenue N Ste 310
Naples, FL 34102

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Maria T Vargas
848 1st Avenue N Ste 310
Naples, FL 34102

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Maria T Vargas
848 1st Avenue N Ste 310
Naples, FL 34102

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Maria T Vargas M.D.
Signature/Registered Agent

11/20/03
Date

Maria T Vargas M.D.
Signature/Incorporator

11/20/03
Date